

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10/658073

FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1							
2							
3			1				
4			1				
5			1				
6					3		
7					3		
8					3		
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50							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

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	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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